VERIFICATION

The responsible accounting officer shall verify this report under oath.

OATH
State of $\underbrace{\mathit{TLL} \mathcal{NolS}}$) SS County of $\underbrace{\mathit{Cook}}$)
County of Cook)
(Insert here the name of the person authorized to execute this Verification.)
he or she is Scicting Southwer Counte 9-1-1 Systom (Insert here the exact legal title of the authorized person.)
of Southwest Court of P-/-/ Sustained the authorized person.) (Insert here the exact legal name of the emergency telephone system board/qualified governmental entity/other entity.)
that he or she is duly authorized to execute this verification; that he or she has examined the foregoing ILCC Form AR-911 (Oct 2014) Excel Workbook (hereinafter referred to as "Report"); that to the best of his or her knowledge, information, and belief, all statements of fact contained in the said Report are true; that the said Report is a correct statement of the business and affairs of the above-named emergency telephone system board/qualified governmental entity/other entity in respect to each and every matter set forth therein; <i>Check one of the following:</i>
that he or she has personal knowledge that the said Report is based upor independently audited financial statements for the two most recently completed and audited fiscal years ending on
that he or she has personal knowledge that the said Report was audited by an independent auditor; and that the independent auditor's report and workpapers are available to the Commission Staff upon request.
(Signature of authorized person)
Subscribed and sworn to before me, a in and for the State and County above named, this day of SIALMBLY, 20 / 4.
(seal) OFFICIAL SEAL JEANINE M. IMALLARY NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 1-19-2016 OFFICIAL SEAL JUMU M MULL (Signature of officer authorized to administer bath)